

Application Data Sheet

Application Information

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD FOR OVERPRODUCING A SPECIFIC RECOMBINANT PROTEIN WITH P. CINNABARINUS MONOKARYOTIC STRAINS
Attorney Docket Number::	0508-1167
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	13
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: THE NETHERLANDS
Status:: Full Capacity
Given Name:: ALEXANDRA
Middle Name:: M.C.R.
Family Name:: ALVES
Name Suffix::
City of Residence:: NE HAREN
State or Province of
Residence::
Country of Residence:: THE NETHERLANDS
Street of Mailing HEMSTERHUISLAAN 30
Address::
City of Mailing Address:: NE HAREN
State or Province of Mailing Address::
Country of Mailing Address:: THE NETHERLANDS
Postal or Zip Code of Mailing Address:: NL-9752

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: ERIC
Middle Name::
Family Name:: RECORD
Name Suffix::
City of Residence:: MARSEILLE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing LA CHLORIS, D, 13, BOULEVARD DU REDON
Address::
City of Mailing Address:: MARSEILLE

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-13009

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: ANNE
Middle Name::
Family Name:: LOMASCOLO
Name Suffix::
City of Residence:: MARSEILLE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing LE CLOS DE LA BASTIDE, B, 42, TRAVERSE
Address:: LE MÉE

City of Mailing Address:: MARSEILLE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-13008

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-CLAUDE
Middle Name::
Family Name:: SIGOILLOT
Name Suffix::
City of Residence:: SIX FOURS LES PLAGES
State or Province of
Residence::
Country of Residence:: FRANCE

Street of Mailing Address:: RÉSIDENCE ANÉMONES FLORIALES, 500,
AVENUE JOSEPH
RAYNAUD

City of Mailing Address:: SIX FOURS LES PLAGES
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-83140

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: MARCEL
Middle Name::
Family Name:: ASTHER
Name Suffix::
City of Residence:: LA CIOTAT
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 28, AVENUE PEYMIAN
City of Mailing Address:: LA CIOTAT
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-13600

Applicant Authority Type:: Inventor
Primary Citizenship Country:: THE NETHERLANDS
Status:: Full Capacity
Given Name:: HAN
Middle Name:: A.B.
Family Name:: WÖSTEN
Name Suffix::
City of Residence:: SN ZEIST

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing C. HUYGENSLAAN 19

Address::

City of Mailing Address:: SN ZEIST

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: NL-3705

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
This application	National Stage of	PCT/FR2005/000093	1/14/05

Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
FRANCE	0400366	1/15/04	Yes



Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::